1	2	3
Meghalaya	13	0
Mizoram	0	0
Nagaland	0	0
Sikkim	0	0
Tripura	0	0
TOTAL	559	136

*Status as on 17th July, 2009.

Shortage of doctors in rural areas

2358. SHRI N.R. GOVINDARAJAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National Rural Health Mission (NRHM) has failed to achieve its target due to shortage of doctors in the rural areas;

(b) if so, the details thereof including the target fixed under the scheme;

(c) whether a large number of sanctioned posts of specialized doctors are also lying vacant;

(d) if so, the details thereof;

(e) the steps taken/proposed to be taken to fill up these vacant posts; and

(f) the manner by which the various targets are sought to be achieved keeping in view the vacant posts of the specialized doctors?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No. Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. As reported by States (April, 2009) a total of 6710 medical doctors at various levels, 2299 specialists, at CHC have also been engaged on contract under NRHM thus significantly adding to the numbers of doctors and specialists in the rural health care system.

(b) NRHM has clearly articulated Timelines for achievement, a copy of which is given in the Statement.

(c) to (e) States Government appoint doctors against sanctioned posts. They have been directed to fill up existing vacancies.

(f) The regular staff is being appointed by the State Governments. However, to bridge the gap between the required and existing staff, the staff is being appointed on contract basis under NRHM, by the States.

Statement

Timeline for NRHM activities

Sl. No.	Activity	Phasing and time line	Outcome monitoring
1	2	3	4
1.	Fully trained Accredited Social Health Activist (ASHA) for every 1000 population/large isolated habitations.	50% by 2007 100% by 2008	Quarterly progress report
2.	Village Health and Sanitation Committee constituted in over 6 lakh villages and untied grants provided to them.	30% by 2007 100% by 2008	Quarterly progress report
3.	2 ANM Sub Health Centres strengthened/ established to provide service guarantees as per IPHS, in 1,75000 places.	30% by 2007 60% by 2009 100% by 2010	Annual facility surveys external assessments
4.	30,000 PHCs strengthened/established with 3 Staff Nurses to provide service guarantees as par IPHS.	30% by 2007 60% by 2009 100% by 2010	Annual facility surveys external assessments
5.	6500 CHCs strengthened/established with 7 Specialists and 9 Staff Nurses to provide service guarantees as per IPHS.	30% by 2007 50% by 2009 100% by 2010	Annual facility surveys external assessments
6.	1800 Taluka/Sub Divisional Hospitals strengthened to provide quality health services.	30% by 2007 100% by 2010	Annual facility surveys external assessments
7.	600 District Hospitals strengthened to provide quality health services.	30% by 2007 60% by 2009 100% by 2010	Annual facility surveys external assessments
8.	Rogi Kalyan Samitis/Hospital Development Committees established in all CHCs/Sub Divisional Hospitals/ District Hospitals	50% by 2007 100% by 2009	Annual facility surveys external assessments
9.	District Health Action Plan 2005-2012 prepared by each district of the country.	50% by 2007 100% by 2008	Annual facility surveys external assessments
10.	Untied grants provided to each Village Health and Sanitation Committee, Sub Centre, PHC, CHC to promote local health action.	50% by 2007 100% by 2008	Independent assessments. quarterly Progress reports.

1	2	3	4
11.	Annual maintenance grant provided to every Sub Centre, PHC, CHC and one time support to RKSs at Sub Divisional/ District Hospitals.	50% by 2007 100% by 2008	Independent assessments. quarterly progress reports.
12.	State and District Health Society established and fully functional with requisite management skills.	50% by 2007 100% by 2008	Independent assessment.
13.	Systems of community monitoring put in place.	50% by 2007 100% by 2008	Independent assessment.
14.	Procurement and logistics streamlined to ensure availability of drugs and medicines at Sub Centres/PHCs/CHCs.	50% by 2007 100% by 2008	External assessment.
15.	SHCs/PHCs/CHCs/Sub Divisional Hospitals/District Hospitals fully equipped to develop intra health sector convergence, coordination and service guarantees for family welfare, vector borne disease programmes. TB, HIV/ AIDS, etc.	30% by 2007 50% by 2008 70% by 2009 100% by 2010	Annual facility surveys. Independent assessments.
16.	District Health Plan reflects the convergence with wider determinants of health like drinking water, sanitation, women's empowerment, child development, adolescents, school education, female literacy, etc.	30% by 2007 60% by 2008 100% by 2009	Appraisal process Independent assessment
17.	Facility and household surveys carried out in each and every district of the country.	50% by 2007 100% by 2008	Independent assessment
18.	Annual State and District specific public report on health published	30% by 2008 60% by 2009 100% by 2010	Independent assessment
19.	Institution-wise assessment of performance against assured service guarantees carried out.	30% by 2008 60% by 2009 100% by 2010	Independent assessment
20.	Mobile Medical Units provided to each district of the country.	30% by 2007 60% by 2008 100% by 2009	Quarterly progress report